

**U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS
ATTORNEY APPEARANCE FORM**

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of

Case Number: 08 CV 2343

STEVEN J. MESSNER

v.

EVANSTON NORTHWESTERN HEALTHCARE

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:
EVANSTON NORTHWESTERN HEALTHCARE CORP., Defendant.

NAME (Type or print) Thomas A. Reynolds III	
SIGNATURE (Use electronic signature if the appearance form is filed electronically) s/ Thomas A. Reynolds III	
FIRM WINSTON & STRAWN LLP	
STREET ADDRESS 35 W. WACKER DRIVE	
CITY/STATE/ZIP CHICAGO, IL 60601	
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS) 2323141	TELEPHONE NUMBER 312-558-5600
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS. RETAINED COUNSEL <input type="checkbox"/> APPOINTED COUNSEL <input type="checkbox"/>	